



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

Iowa Medicaid Care Management Referral Form

Referral Source Information			
Name:		Address:	Telephone #:
City:	ZIP:	County:	County #:
Physician Name:		Physician Telephone #:	
Member Information			
Last Name:		First Name:	SID:
Address:		Telephone #: Alternate #:	
City:	Zip:	County:	County #:
DOB: Age:			
Reason for Referral:			
Number of hospitalizations in the last 2 months (if known):			
Diagnosis/Medications (if known):			

Referrals can be sent via email, mail, telephone or fax to the addresses or telephone numbers below.

Call or write the **Member Services Call Center** at:

PO Box 36510, Des Moines, Iowa 50315 – (800) 338-8366; (515) 725-1003 (local in the Des Moines area)
Please visit our website at www.ime.state.ia.us or e-mail us at IMEMemberServices@dhs.state.ia.us

Iowa Medicaid Enterprise – 100 Army Post Road - Des Moines, IA 50315